



On-the Job Training - Annual Update Form
(To be submitted directly to the CC RoadWise OJT Program Coordinator)

Contractor Name _____

Address _____

Phone number () _____ **Fax # ()** _____

Company OJT Coordinator: Name _____

Title _____

By my signature, I affirm the following items:

- ✓ **I have received a copy of the CC RoadWise On-the-Job Training Program Manual.**
- ✓ **I have read the CC RoadWise On-the-Job Training Program Manual sections "Goals," "Procedures,"**
- ✓ **I have made a copy of the CC RoadWise On-the-Job Training Program Manual for each person in this firm who participates in the implementation of the OJT Program and have distributed those copies accordingly.**
- ✓ **I agree to follow the stated guidelines for the implementation of the OJT Program.**
- ✓ **I understand that I may consult the CC RoadWise OJT Program Coordinator at (843) 329-0050 Ext. 2508 if I have any questions or concerns with the OJT Program.**

Company OJT Coordinator (signature) _____

Date _____ **E-Mail Address** _____